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ABSTRACT

Described is the Kendall County Special Education Cooperative Early Childhood Program which reflects an innovative team approach to servicing young handicapped children (aged 3 to 5 years) and their families in a rural area. The following program components are outlined: program philosophy and background; child find procedures; development of an individual education program; the physical environment; the learning environment; parent education and participation; results of program intervention; and community awareness and interagency cooperation. (SBH)

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Council for Exceptional Children
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Facilitating the Development of Young Handicapped Children and Their Families Through An Innovative Interdisciplinary Team Approach

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I. Introduction

Kendall County is located approximately 45 miles southwest of Chicago. It is a predominantly rural area covering 324 square miles of territory. There are six school districts serving 8,576 school age children. The six school districts form the Kendall County Special Education Cooperative. Through the Cooperative special education services, as prescribed by the School Code of Illinois and Rules and Regulations to Govern the Administration of Special Education, are provided to approximately 850 handicapped students ages 3 - 21.

Established entirely through local school funding, Early Childhood programing for three to five year olds began in 1973. This was in accordance with a state mandate as prescribed in House Bill 322 and 323. Initially, the program services were provided to one class of ten students by one teacher, an aide, and consultive services of the school psychologist. In 1974 a second site was established with the addition of a full time speech and language clinician to service both sites. Also, the current format of two sessions per day was initiated. In 1975 a second speech and language clinician was employed to provide full time services at both sites.

The home intervention component, stressing parent education and participation, has been an integral part of the Early Childhood Program since its beginning.

Child identification is accomplished by annual screenings on a county-wide basis conducted each spring. Also, ongoing referrals from Kindergarten census, nursery schools, day care centers, parent-infant programs, Kendall County Health Department, and physicians are processed during the year.

II. Program Philosophy and Background Information

Federal and state legislation (i.e., P.L. 94-142 and Rules and Regulations to Govern the Administration and Operation of Special Education, Article XIV, Illinois Revised Statutes) mandates that services must be provided to all children who exhibit unique educational needs at the age of three years. An early education program for all children with unique, individual needs between the ages of three to five years is provided by the Kendall County Special Education Cooperative. Children with unique needs are defined as those children who demonstrate one or more significant delays (i.e., at least 12 months below chronological age expectations) in any of the following areas:

A. Motor and Sensory Impairments

1. Delays in gross motor development which include diagnosed physical problems (i.e., cerebral palsy, epilepsy, other musculoskeletal conditions and health impairing chronic disabilities);

2. Delays in fine motor development;

3. Impaired vision or audition.

B. Speech and Language Developmental Delays

1. At least one year delay in receptive and/or expressive language skills;

2. Severe articulation skills and/or non-fluency which result in gross interference in communication or the child's refusal to speak;

3. Demonstrable oral-motor problems which interfere with speech; for example, mouth closure, tongue movement, feeding, drooling, etc.

C. Cognitive Development

1. Medical diagnosis of possible brain damage;

2. Low performance on formal and informal assessment tools (i.e., ranging from a minimum of 12 months below chronological or developmental age expectations and 1.33 standard deviations below the mean on standard psychometric measures of intelligence to 27 months below chronological or developmental age expectations and 4.0 standard deviations below the mean).

D. Social-Emotional Development

1. Behavior which results in the inability to function in or benefit from another learning environment;

2. Limited social skills which result in interference with interpersonal relationships with parents, other adults, siblings and peers;

3. Self-help performance which limits the child's ability to demonstrate sufficiency skills commensurate with chronological or developmental age expectations.

The Kendall County Special Education Cooperative Early Childhood Program reflects an innovative interdisciplinary approach to servicing young handicapped and developmentally delayed children and their families in a rural area. Implementation of an interdisciplinary team approach in delivery of services to this population includes input from professionals in psychology, early childhood development, learning disabilities, speech and language development, social work, and public health as well as input and participation by the child's parents.

The Early Childhood Program is a non-categorical one designed specifically to meet each child's unique learning and social-emotional needs through development of an Individual Education Program implemented both in the classroom and in the home. A behavioral-based program is prescribed for each child and his parents by professional staff in conjunction with the parents. Staff members and parents meet monthly to evaluate the child's current performance and determine and/or revise program goals in each developmental area (i.e., motor, perception, cognition, social and self-help, language, and speech). Data collected on each child's daily performance is assessed by staff members in the classroom in accordance with the longe range goals and specific behavioral objectives of his I.E.P. Parents also collect similar data in the home. In addition, use of the community as an extension of the classroom learning environment is implemented to aid children to successfully transfer appropriate behaviors acquired at school and at home to a wider arena. Such a behavioral repertoire includes self-help skills, safety in public places, interaction patterns with unfamiliar peers and adults, and cognitive-verbal skills.

In accordance with P.L.94-142, delivery of program services is designed to provide early intervention in the least restrictive environment depending upon each child's unique individual needs. Children may be serviced by program staff in a variety of settings: (a) full or part-time classroom placement which is accompanied by instruction in the home; or (b) home intervention in which staff members work with the child and his parents solely in the home environment; or (c) a parent education program in which staff members work indirectly with the child through training his parents. An organized parent education program which provides training in behavior management, language development and speech facilitation, enhancement of positive parent-child interactions, and workshops in the construction and use of play materials is also available to all children serviced in any way by the Early Childhood Program. In order to provide such an intensive and ongoing parent education component, one full day each week is devoted entirely to home contacts and parent education. At the present time (1977-78 school year) the Kendall County Special Education Cooperative Early Childhood Program services a total of forty-six children and their families in two sites in the county.

In working with these children and their families the prevailing philosophy of the Program staff maintains that "In this classroom it is okay to make mistakes; goofs are lessons; mistakes are for fixing; and don't let failure go to your head!" A positive approach is used such that both child and parent are reinforced for appropriate behavior and inappropriate behavior is ignored. Although some children may initially respond only to tangible or primary reinforcers, the goal is to help each child respond to more socially-oriented reward systems such as verbal praise.

III. Child Find Procedures

Illinois State law (i.e., Chapter 122, Article XIV, Illinois Revised Statutes, 1975) mandates that the identification of all three to five year old children exhibiting unique developmental and educational needs is the responsibility of the local education agency. Implementation of that responsibility has been delegated to the Kendall County Special Education Cooperative by each of the respective LEAs within Kendall County, Illinois.

Initial community-based child find procedures adhered to in Kendall County are as follows:

A. Screening dates and locations for each of the individual districts within the county are determined annually in conjunction with the Kendall County Health Department Vision and Hearing Screening. This procedure is designed to facilitate seeing the majority of children throughout the county who are, or will be, three on or before December 1 of the current year and includes children up to five years of age.

B. All children residing in Kendall County who are between the ages of three and five years are seen by members of the Kendall County Special Education Cooperative Early Childhood Program interdisciplinary team along with personnel from each of the three most populated school districts in the county. This interdisciplinary team includes the following professionals: school psychologist, social worker, public health nurses, early childhood and learning disabilities specialist, child development specialist, and speech and language clinician.

C. Screening of all developmental areas (i.e., motor, cognitive, language, speech and social-emotional) is conducted using an instrument adapted from the Stanford-Binet Intelligence Scale Form L-M, the DIAL, and the Denver Developmental Screening Test.

The following procedures are employed in all cases where the child fails the initial screening observation:

A. Results of the initial screening procedure are explained to the child's parents or legal guardians immediately following the screening. At that time the parents are also informed of the date and location of a general orientation meeting to be held within 10 days of the initial screening of their child to explain the diagnostic and programmatic services available from the Kendall County Early Childhood Staff. This post-screening meeting is designed to allow staff members to clarify concerns about the screening procedure and also answer any specific questions parents may pose.

B. Parents are notified of a re-evaluation of their child's performance via a letter from the Director of the Kendall County Special Education Cooperative. This letter is sent three to four weeks prior to the scheduled appointments.

C. The child is re-screened in the fall of the following school year by the Kendall County Special Education Cooperative Early Childhood Staff. This team includes a certified school psychologist, social worker, early childhood education specialists, speech and language clinicians, and special educators.

D. All those children who again fail the screening observation in the fall of the subsequent school year are administered appropriate diagnostic instruments to determine eligibility for placement and/or services rendered by the Kendall County Special Education Cooperative Early Childhood Program Staff.

E. The child's parents or legal guardians are interviewed via a questionnaire to determine the child's medical and developmental history as well as other pertinent background information. At the present time the Comprehensive Identification Process (CIP) Parent Interview Form (R. Reid Zehrback, 1975 - Scholastic Testing Service, Inc., Bensenville, Illinois 60106) is used in this regard.

Diagnostic services to determine the child's eligibility for placement in the Early Childhood Program are provided by the interdisciplinary team as follows:

A. The child is first re-screened using the same instrument implemented during the initial screening procedures.

B. If the child again fails the screening, his performance is then observed and assessed in terms of a battery of formal diagnostic measures in any one of the following areas:

1. Cognitive-Verbal Development;
2. Gross and Fine Motor Development
3. Visual and Auditory Perception
4. Hearing Re-screening

C. Appropriate diagnostic tests which comprise each child's individual diagnostic evaluation are selected and administered by Kendall County Special Education Cooperative Early Childhood Program Staff and psychologist.

D. A staffing is held following completion of the diagnostic procedures described above with the Early Childhood Program staff and the child's parents or legal guardians in attendance to discuss test results, determine appropriate services, and make any necessary referrals. At that time an Individual Education Program (I.E.P.) is developed. Long range goals are determined both by Program Staff and the child's parents and may also include input from professionals who may have or are concurrently servicing the child (i.e., physicians, physical therapists, previous teachers, etc.).

Persuant to P.L. 94-142 pertaining to placement in the "least restricitve environment", the following services are then made available to the child and his parents and are provided by the Kendall County Special Education Cooperative Early Childhood Program: (a) full-time placement in the Early Childhood Program and Home-Intervention services (i.e., home instruction); or (b) part-time placement (2 days per week) in the Early Childdhood Program and Home-Intervention services; or (c) Home Intervention services which may range from weekly to monthly home visits; or (d) consultation with the child's parents and/or primary caretaker through organized parent education classes, discussion groups, and individual conferences. If the child is concurrently enrolled in an area nursery school or day care center this consultative service may also involve the personnel employed at such facilities. Children may be either phased from one service to another or services may be discontinued if the child's improvement warrants such a change at any point during the school year as determined by a staffing held with the Early Childhood Program staff and the child's parents or legal guardians.

E. If the diagnostic procedures fail to yield sufficient data or formal testing is considered inappropriate or not feasible to determine eligibility for services, the child is conditionally placed in the Early Childhood Program for a period of not greater than six (6) consecutive weeks for the purposes of observation and continued diagnostic evaluation. At the conclusion of the observation period, a staffing is held with the Early Childhood staff and the child's parents or legal guardians to discuss appropriate placement and/or services and develop an Individual Education Program.

F. Children who fail the initial community-wide screening procedure and are of Kindergarten age are subsequently followed by the Early Childhood Program staff upon entrance to Kindergarten. Results of the screenings are forwarded to special services personnel in each respective district in the county.

In addition to the community-based screening procedures, referrals are also received from area physicians, Public Health Department contacts, Kindergarten teachers, nursery school and day care facilities, and parents. If a child is identified at any time during the school year as needing special services, the referral is followed up by Early Childhood staff in the site in which the child's school district resides. Immediate screening (within 30 days from the initial referral) and diagnostic services are provided as described above.

At the close of each school year staffings are held to determine subsequent placement for the following academic year. The Early Childhood staff, school nurses, Kendall County Special Education Cooperative Director, parents or legal guardians, and receiving school personnel meet to review and discuss the child's current performance, professional recommendations, and proposed placement. Revision of the child's Individual Education Program (i.e., long range goals) is also determined at this staffing.

Early Childhood Program staff also maintain follow-up services on children placed in subsequent programs (i.e., Kindergarten, special education classes, or nursery schools or day care centers) or children who are discontinued from program services and remain at home due to their young age. In both cases staff members are available for conferences and consultations with receiving professionals and personnel as well as the child's parents.

IV. Development of an Individual Education Program (I.E.P.)

Development of an Individual Education Program for each handicapped child serviced by the Early Childhood Program is initially based upon an overall assessment of the child's present level of functioning in a wide range of developmental tasks including motor, perceptual, cognitive, speech, language, social, and self-help skills. Members of the interdisciplinary team work cooperatively in administering and interpreting diagnostic information on each child determined eligible for program services. In addition to data derived from formal or standardized instruments, data of an informal nature is collected via various developmental checklists, criterion-referenced measures, responses to parent questionnaires, and daily assessment of the child's performance. These observations are recorded by both Program staff in the classroom and by parents in the home and are combined with formal test data in the development of each I.E.P.

In addition to recording data on their child's behavior in the home environment, parents also contribute input in the development of the I.E.P. in terms of what behaviors they consider important developmental and educational goals for their child. Parents contribute this information in a variety of ways depending upon their familiarity with the Program, their degree of trust in the staff, and their own ability to verbalize their needs and concerns. Regardless of the manner in which parents choose to express their priorities, staff members actively encourage and solicit parental reactions and opinions and subsequently positively reinforce parents for their contributions.

Long range educational goals are determined for each child by Early Childhood Program staff and the child's parents at the time of the placement staffings. Specific behavioral objectives are written following the staffing and are reviewed with the parents quarterly or revised as the child's behavior warrants. These specific objectives focus on the following developmental areas:

(a) Gross Motor
(b) Fine Motor
(c) Conceptual or Cognitive Skills
(d) Visual Perception
(e) Auditory Perception
(f) Receptive Language
(g) Associative Language
(h) Expressive Language
(i) Speech
(j) Social-emotional Adjustment

On-going assessment of each child's development is accomplished through use of behavioral task observations recorded both on a daily and weekly basis. A specific Task Observation sheet is utilized as a means of recording data on individual children's performance on a particular goal-related activity during group or individual instructional periods. The following information is entered on the Task Observation form:

(a) Date
(b) Area of development under hich the specific behavior may be logically classified (i.e., speech, motor, language, etc.)
(c) The specific task or activity (i.e., cutting, walking up and down stairs, etc.)
(d) Staff observations which reflect specific behavioral statements. Such data usually include a brief description of the behavior observed, the number of trials to criterion, and the situation or conditions under which the child performed the task.

In addition to task observations, various developmentally appropriate checklists pertaining to specific behaviors under gross and fine motor development; speech, cognitive-verbal skills, perception, and self-help skills are also reviewed quarterly as a measure of childrens' progress. These checklists are available to parents and provide valuable information in the development of the I.E.P. Examples of specific checklists employed by the Early Childhood Program include the Learning Accomplishment Profiles I and II (0 - 36 months and 24 - 72 months, respectively) from the Chapel-Hill Training Outreach Project, a Speech and Language Summary and a Graduated Developmental Checklist for Progress Analysis.

Revision and updating of I.E.P.'s and determination of new, more appropriate behavioral goals and objectives occur during the quarterly review of each child's progress. Again, data from parent observations in the home environment is also utilized in revising each child's I.E.P.

V. The Physical Environment

Allocation and maintenance of two Kendall County Special Education Cooperative Early Childhood Sites are provided cooperatively by local school district funding. Each classroom contains 750 square feet of space, allowing approximately 75 square feet per child. Classrooms are partially carpeted, and contain sinks, blackboards, storage closets for educational materials, cubic storage units for each child's clothing and personal belongings, chairs and tables, and child-centered shelf units for accessible free choice activities within the child's reach. Each site also houses appropriate toilet facilities for young children, one site having facilities in the classroom, the other having facilities in an adjacent hallway. Finally, each site has a playground allowing for outdoor activities and use of assorted gross motor apparatus.

VI. The Learning Environment: Implementing the I.E.P.

Pragmatic implementation of the procedures described above in the classroom involves a variety of direct and indirect services provided by the Early Childhood Program interdisciplinary team in the planning and execution of a daily group educational program which both encompasses and meets the objectives stated in each child's Individual Education Program. Specifically, a team of professionals in child development, early childhood education, special education, speech and

language development, psychology and social work as well as paraprofessionals work cooperatively in implementing each child's I.E.P. in a group setting.

Delivery of Early Childhood Program services is designed to provide an early intervention program in the "least restrictive environment" depending upon each child's unique needs as reflected by his I.E.P. Children found eligible for the Program may be serviced in a variety of settings according to their specific needs and which may include one of the following delivery systems:

(a) Full- or part-time classroom placement accompanied by home intervention, or
(b) Home intervention in the Early Childhood staff work solely with the parent or primary caretaker through home visits and the parent education component.

Handicapped children serviced by the Early Childhood Program attend classroom sessions for a period of 2½ hours per day, four days per week (Monday, Tuesday, Thursday, and Friday). Sessions run both morning and afternoon. The fifth school day (Wednesday) is allocated to home contacts, parent education activities, Early Childhood staff in-service and I.E.P. review sessions.

The instructional component of the Program is reflected in the following sample of classroom activities:

Daily Agenda
(Morning Session)

8:45 - 9:00 Arrival

9:00 - 9:20 Free Play

This is the time in which the child is given the opportunity to choose among the available toys and materials that particular object with which he desires to play. The rules during free play state that the child must finish and put away one activity before he may choose another. For some children it is necessary to limit the available choices to approximately four or five objects. The goal is to help the child develop the necessary independence to both select and complete a task.

9:20 - 9:25 Break Activity

This short period of time, approximately 5 minutes, provides a break to relax and motivate the child to move on to the next small group session.

9:25 - 9:40 Small Group Session

This is the time when children of similar abilities and needs are grouped together to work individually on specific tasks such as matching pictures and objects on the basis of size, function, shape, color, learning number concepts, cutting, stringing beads, etc. Each session lasts approximately 15 minutes, at the end of which time all the children come back together to participate in a short group activity such as singing, dancing, finger plays, short stories, etc.

9:40 - 9:45 Break Activity

9:45 -10:05 Small Group Session

10:05 -10:10 Break Activity

10:10 -10:30 Small Group Session

10:30 -11:00 Snack Preparation and Snack

During this scheduled time the child is exposed to various cooking and tasting activities. The goal of this activity is to provide the child with certain experimental, language-related concepts such as hot, cold, bake, boil, stir, cut, roll, slice, sweet, sour, etc. The child also learns what role certain foods play in making his body healthy and strong. The rule during snack time is that each child must take at least one taste of whatever is served. Finally, snack time provides a socially appropriate occasion to teach table manners, improve eating habits, and encourage conversation among children and adults.

11:00 -11:20 Large Group Language
(Monday/Friday)

During this time the children participate as a group in language-oriented activities. The goal of the group language session is to introduce new concepts, encourage children to talk, and to model and expand upon the children's responses to both questions and other children's statements. Various experimental language situations are provided such as marching in a band, washing clothes, listening to a story, Show and Tell, and mini-puppet shows. Although language is emphasized during this time, language is encouraged throughout all activities scheduled during the session.

11:00 -11:20 Gross Motor
(Tuesday/Thursday)

The goal of this scheduled activity is to provide the physical education component of the program. During this time the child is encouraged and aided to run, walk, jump, hop, skip, and climb. This is also a time for the children to participate in organized games commonly found in nursery school and kindergarten, such as Ring-around-the-rosey, tag, Hide and Seek, etc.

11:20 -11:30 Dismissal

The schedule of activities for the afternoon session follows the same format.

In addition to both large and small group instruction, children are also serviced on an individual basis. Each child enrolled in the Program receives a minimum of thirty minutes of individualized instruction per week with some children evidencing more severe problems receiving as much as one and one-half hours of individual attention.

The Program curriculum provided for young handicapped children described above also incorporates the resources and facilities of the general community in meeting each child's educational and developmental needs. Use of the community as an extension of the classroom is employed in an effort to assist children in successfully transferring behaviors acquired through program intervention to a wider arena. Periodic visits to the local supermarket, fire and police stations, post office, library, and other community resources encourage the children to practice self-help skills, interact appropriately with unfamiliar children and adults, and explore and experience novel environments and people.

VII. Parent Education and Participation

The training and participation of the handicapped child's parents in his education and development is central to and constitutes the major aspect of the Early Childhood Program's family intervention component. Services rendered to parents incorporate a variety of interrelationships and allow the parents to interact not only with his or her child, but with other children and other parents as well. Through involvement of the handicapped child's parents in the planning, comprehension, and implementation of their youngster's education, the Early Childhood Program staff seeks to promote and facilitate parent-child, parent-staff, and parent-parent interactions.

Program activities directed toward facilitating positive family relations and enhancing the child's growth and development include involvement of parents in designing and implementing their child's Individual Education Program; parent participation in classroom activities such as observation of their child in various instructional settings, holiday festivities, birthday parties, etc; and parent participation in outside activities such as picnics, field trips to the zoo, grocery store, police and fire stations, library, and other community resources.

Another means of servicing the expressed needs of parents of young handicapped children is acoomplished through provision of an organized parent education component. Parent classes and discussion groups are designed to service a greater number of parents in a more concentrated and intensive manner and bring together groups of parents who share common interests and concerns. Parent education classes are intended to provide parents with information regarding child growth and development; provide an emotional and social outlet for parents of handicapped children through contacts with other parents; and serve as a means of direct communication between Early Childhood Program staff and the child's parents.

Classes and discussion groups are scheduled to meet on a regular basis over an extended period of time and are structured around a central theme or concern, such as training in the use of behavior management techniques. Classes are conducted by various members of the Program's interdisciplinary team depending upon the nature of the topic under discussion. For example, during the past two years the Early Childhood Program staff has instructed three parent discussion groups in the use of various behavior management techniques. These groups extended over eight week periods during which parent classes alternated with individual home visits, totalling four classes and four home contacts. During the intensive class sessions, parents were trained to define, observe, measure, and record appropriate and inappropriate behaviors which their child demonstrated in the home environment. Emphasis was then placed on learning to change or modify one of the inappropriate behaviors they had previously observed. Parents were instructed to maintain a log of how frequently the behavior occurred and what specific parental response followed the child's inappropriate behavior. Subsequent parent discussion group sessions stressed alternative parental responses to these inappropriate behaviors. Each parent recorded their behavior or consequences following demonstration of the undesirable behavior as well as any increase or decrease in the frequency with which the inappropriate behavior occurred. Parents maintained these behavioral logs for a period of eight weeks and reported to one another the progress of their behavior change efforts. Each parent enrolled in the parent group had established a set of rules about a specific behavior in their child and had developed a consistent set of responses

to that behavior (i.e., consequences) which allowed them to increase appropriate behaviors and decrease inappropriate behaviors. Several parents attempted to generalize what they had learned to problem behaviors other than the one they had selected to observe for the purposes of the parent classes. In addition, one "graduate" of the initial parent class, a mother with an extremely unruly and uncooperative three-year old, not only dramatically modified her son's behavior and her own approach to him, but also went on to train another group of parents under the supervision of a Program Staff member. Her efforts and desire to share her success with other parents of handicapped children lent credibility to parents that they too could learn to manage their child's behavior.

Another facet of the parent education component involves extending the classroom intervention aspect of the Program to the home environment by training parents to work with their child in the home setting. Program staff work with the handicapped child and his parents in the home by demonstrating the activity the child is being asked to perform, identifying and explaining the reinforcements to be used, and observing the parent teaching the task to the child. During these home visits, which are scheduled monthly on the average, Program staff members exhibit appropriate, desirable behavior for the parent to model and assist the parent in recording target behaviors.

Family intervention services in the form of home visits are also available to parents of handicapped children whose developmental needs do not warrant such intensive intervention as provided by the classroom component of the Program. Again, staff members work cooperatively with the child and his parents in an effort to train the parent to teach his or her own child. Home contacts with children not enrolled in the classroom component of the Program are scheduled monthly on the average. Parents of children serviced through home intervention alone are free to participate in the parent education classes and discussion groups.

Finally, a compilation of material resources are available to parents of children serviced by the Early Childhood Program in the form of a parent lending library. This library consists of printed materials (i.e., books, periodicals, brochures on child development, behavior management techniques, ways to facilitate speech and language, suggested activities for young children, etc.), educational toys and equipment for implementation of the child's I.E.P. in the home, and filmstrips on issues surrounding early identification of handicaps, family interaction with the exceptional child, behavior management, and current federal and state legislation affecting handicapped children and their families.

In summary, the parent education component of the Early Childhood Program focuses on home visits, parents classes and discussion groups, active classroom observation and participation, involvement in community oriented activities, and availability of pertinent resource materials and literature.

VI.I. Results of Program Intervention

Evaluation of Early Childhood Program Services by Parents at the Yorkville Site for 1976-77 and 1977-78 School Years

Parents were instructed to select the rating that best reflected their evaluation of each of the Early Childhood Program services described in the

statements below. Approximately half of the parents responded with their evaluation for both school years in which the questionnaire was sent to them (1976-77: N=11; 1977-78: N=11).

	Excellent		Good		Fair		Poor	
	76-77	77-78	76-77	77-78	76-77	77-78	76-77	77-78
1. The explanation I received about my child's performance on certain Diagnostic Tests was	7	4	4	7				
2. The overall program established for my child was	10	6	1	5				
3. The information I received from the Early Childhood Staff about my child's performance in the classroom was	7	6	4	5				
4. The number of time the Early Childhood Staff reported my child's progress to me was	6	5	5	3		3		
5. The goals established each month were in meeting my child's individual needs.	5	2	6	9				
6. The monthly goal reports sent home to me were in helping me to work with my child at home.	5	2	6	5		3		
7. The kinds of activities provided for my child both at school and at home were	7	4	4	6				
8. The Early Childhood Staff was in their efforts to understand and support my child's needs.	10	7	1	4		1		
9. The Number of Times the Early Childhood Staff worked with me personally either through home visits and/or parent classes was	7	4	4	4				
10. (Answer only if you participated in any one of the parent classes.) The information and discussions that came out of the parent classes were in helping me to understand, relate and work better with my child.	7	4	2	3				
11. The Early Childhood Staff was in their efforts to understand and support my needs as a parent.	9	6	2	5				
12. The Early Childhood Staff was in extending an invitation to me to observe my child in the classroom.	10	7	1	3				
13. The field trips planned and provided for my child were . (Example: Grocery store, picnics, zoo, camping)	7	4	4	4				
14. The efforts of the Early Childhood Staff to include my opinions and goals for my child in this program were	8	4	3	4		1		

Item 15 requested that parents offer their comments and/or suggestions pertaining to the Early Childhood Program. The majority of comments received focused on appreciation of the parent education classes and a desire to have these classes offered more frequently and also in the evening to allow more parents, especially fathers, to attend.

IX. Community Awareness and Interagency Cooperation

The Early Childhood Program seeks to coordinate child service efforts with other agencies through establishment and enhancement of interagency cooperation. This public relations component is directed towards providing resource and consultative services to various agencies and professionals (i.e., county-wide kindergarten programs, nursery schools and day-care centers, and medical facilities) in an attempt to create awareness of the Early Childhood Program's available services. Interagency communication is intended to develop a referral and in-service system, as well as reciprocal services, and to ensure community assistance in identifying and servicing young handicapped children and their families in Kendall County, Illinois.

X. Conclusion

In summary, the Kendall County Special Education Cooperative Early Childhood Program reflects an innovative interdisciplinary team approach to servicing young handicapped children between the ages of three and five years and their families in a rural area.

Implementation of an interdisciplinary team approach in servicing this population includes input from professionals in psychology, early childhood development, learning disabilities, speech and language development, social work, and public health in screening, diagnosis, and development of an Individual Education Program for each child identified as eligible for program services. A behavioral based program is prescribed for each child by professional staff and the child's parents. Staff members and parents meet quarterly to evaluate the child's current performance and determine and/or revise program goals in each developmental area (i.e., motor, perception, cognition, social and self-help, language, and speech). Daily and weekly measurement of the child's performance is assessed by staff members at the program site and by parents in the home who have been trained in behavioral observation techniques. In addition, use of the community as an extension of the classroom is also implemented to help children successfully transfer behaviors learned cooperatively at school and at home to a wider arena. Such behaviors include self-help skills, interaction with unfamiliar adults, and safety.

In accordance with P.L. 94-142, delivery of program services are designed to provide early intervention in the least restrictive environment depending upon each child's individual needs. Children may be serviced by program staff in a variety of settings which include (a) full- or part-time classroom placement accompanied by instruction in the home; or (b) home intervention in which staff members work with the child and his parents in the home; or (c) a parent education program in which staff members work indirectly with the child through his parents. An organized parent education program which provides training in behavior managment, language development and speech facilitation, enhancement of positive parent and child interactions, and construction and use of play materials is available to all parents of children enrolled in the program. Children attend classroom sessions four (4) days per week and the fifth day is devoted solely to home contacts and parent education.

Staff members also provide resource and consultative services to other professionals in the area of early childhood education, such as day care centers, nursery schools, and county-wide public school kindergarten programs in an attempt to assist these professionals in identifying and servicing young handicapped children.

Results of this innovative interdisciplinary team approach to servicing young handicapped children and their families in a non-categorical program are discussed in terms of gains in child development (i.e., performanc) and follow-up and parent evaluation of program intervention and services.